

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB MAR 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7993

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County St. Francois
(b) City or town Leadwood Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

(Specify whether

In this community
years, months or days)

3. (a) PRINT

FULL NAME MELISA VANDIVER 531

8. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female

5. Color or
race white

6. (a) Single, widowed, married,
divorced widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive 1864 years

7. Birth date of deceased

July 7
(Month)

1940
(Day)

1940
(Year)

8. AGE:

Years

Months

Days

If less than one day

hr.

min.

9. Birthplace

Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

none

11. Industry or business

MOTHER FATHER

12. Name

Henry Isvor

13. Birthplace

Mo.

(City, town, or county)

(State or foreign country)

14. Maiden name

Mary Washington

15. Birthplace

Mo.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

A. Frank

- (b) Address

Leadwood

17. (a)

(Burial, cremation, or removal)

- (b) Date thereof

2-12-40

- (c) Place: burial or cremation

Germany Mo

18. (a) Signature of funeral director

Bert Boyer

- (b) Address

Leadwood Mo.

19. (a)

(Date received local registrar)

- (b)

W. A. Bucher

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Francois

- (c) City or town

Leadwood Rural

(If outside city or town limits, write "RURAL")

- (d) Street No.

(If rural, give location)

- (e) If foreign born, how long in U. S. A.?

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1940 hour 6:30 minute 15 M.

21. I hereby certify that I attended the deceased from January 8th 1940 to Feb 10 1940
that I last saw her alive on Feb 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia (hypostatic) Duration 5 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur?

(City or town)

(County)

(State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Arnold Frank

(M. D. or other)

Address

Leadwood, Mo

Date signed 7/17/40

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Bert L. Boyer

Licensed Embalmer No.

3445

P. O. Address

Leadwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

7993

Registration District No.

33

Primary Registration District No.

602413

Registrar's No.

2

1. PLACE OF DEATH:

- (a) County St. Francis
 (b) City or town Randolph rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAMEMelissa Sandiver

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex

7

5. Color or

race w

6. (a) Single, widowed, married

divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if

alive years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

75

7

3

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town (If outside city or town limits write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month
- July
- day
- 10
-
- year
- 1940
- hour minute M.

21. I hereby certify that I attended the deceased from
-
- 19 to 19

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia (Hypostatic)Due to LobarDue to General DebilityOther conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature
- Arnold Grantz
- (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (other)

Address Leadwood Mo Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

